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CONFIRMATION NO. 8809

SERIAL NUMBER 10/088,613	FILING DATE 03/07/2002  RULE	CLASS 365	GROUP ART UNIT 2824	ATTORNEY DOCKET NO. 3572-0144P														
<b>APPLICANTS</b>  Michael O. Thompson, Ithaca, NY; Richard Womack, Albuquerque, NM; Johan Carlsson, Linköping, SWEDEN; Goran Gustafsson, Linköping, SWEDEN;  <b>CONTINUING DATA</b> ***** This application is a 371 of PCT/NO01/00348 08/24/2001 <i>JMA</i>  <b>FOREIGN APPLICATIONS</b> ***** NORWAY 2000 4236 08/24/2000 <i>JMA</i>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> 12/18/2002  <table border="1"><tr><td>Foreign Priority claims USC 119 (a)-(4) conditions met Verified and Acknowledged</td><td><input checked="" type="checkbox"/> PCT <input type="checkbox"/> AIA <i>Signature</i> of other Applicant is to be</td><td>STATE OR COUNTRY NY</td><td>SHEETS DRAWING 8</td><td>TOTAL CLAIMS 12</td><td>INDEPENDENT CLAIMS 2</td></tr></table> <b>ADDRESS</b> 2292 BIRCH STEWART KOLASCH & BIRCH PO BOX 747 FALLS CHURCH, VA 22040-0747  <b>TITLE</b> Non-volatile passive matrix device and method for readout of the same  <table border="1"><tr><td rowspan="6">FILING FEE RECEIVED 1170</td><td rowspan="6">FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:  <table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table></td></tr></table>					Foreign Priority claims USC 119 (a)-(4) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> PCT <input type="checkbox"/> AIA <i>Signature</i> of other Applicant is to be	STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2	FILING FEE RECEIVED 1170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:  <table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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